

Step
4
eTAR Submission

The eTAR logo features the text "eTAR" in a bold, blue, sans-serif font. The "e" is lowercase, while "TAR" is uppercase. A large, stylized blue swoosh or arc curves around the letters from the bottom left to the top right, partially enclosing them. The logo is positioned over a faint, tilted image of a computer screen displaying a web application.

Note: Information used to complete examples is fictitious.

Step 4: eTAR Submission

Note: Information used to complete examples is fictitious.

Site Map
Site Help
System Status
Web Tool Box

▶ Provider
▶ Patient
▶ Submit TAR
▶ **Cancel TAR**
▶ TAR Summary
▶ New TAR
▶ TAR Menu
▶ Code Search
▶ Pharmacy Service
▶ Register
▶ Login
▶ Exit

When finished with all services, click [Sub](#)

DME Services	LTC Services	Inpatient Services	O
• Apnea Monitor	• Bed Hold	• Hospital Days	• Alle
• Beds	• ICF-DD	• Hyperbaric Oxygen	• Coc
• IV Equipment	• Subacute	• Procedures	• FPA
• Medical Supplies	• Transplant Procedure-Kidney	• Transplant	• Hop
• Mobility	• Transplant	• Transplant	• Hyp
			• Rad
			• Offi
			• Res
			• Offi
			• Res
			• Plas

Click the **Cancel TAR** link to cancel the eTAR(s) you have entered.

Once all TAR service(s) have been entered, click the **TAR Summary** link to review your eTAR before you submit.

In this step, you will be reviewing the TAR Summary and submitting your eTAR.

Once all TAR service(s) have been entered, click the **TAR Summary** link to review your eTAR before you submit.

Click the **Cancel TAR** link to cancel the eTAR(s) you have entered.

In this step, you will be reviewing the TAR Summary and submitting your eTAR.

Site Map
Site Help
System Status
Web Tool Box

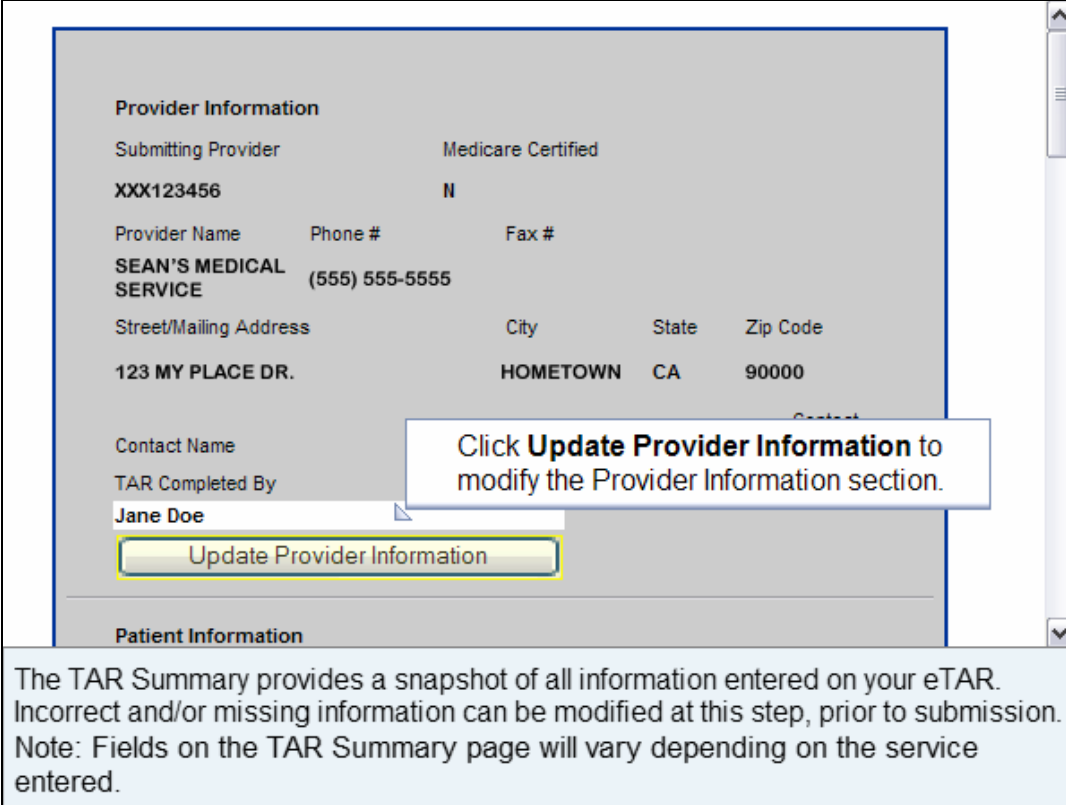
▶ Provider
▶ Patient
▶ Submit TAR
▶ Cancel TAR
▶ **TAR Summary**
▶ New TAR
▶ TAR Menu
▶ Code Search
▶ Pharmacy Service
▶ Register
▶ Login
▶ Exit

When finished with all services, click [Submit](#)

DME Services	LTC Services	Inpatient Services	Outpatient Services
<ul style="list-style-type: none">• Apnea Monitor• Beds• Hearing Aid• Medical Supplies• Mobility• Orthotics/Prosthetics• Ox/Respiratory• Pumps (non-IV)• Other	<ul style="list-style-type: none">• Bed Hold• ICF-DD• MEASURES Non-MDS• Wound Care	<ul style="list-style-type: none">• Hospital Days• Hyperbaric Oxygen• Radiology• Surgical/Other Procedures• Transplant Procedure-Kidney• Transplant Procedure-Other	<ul style="list-style-type: none">• Allergies• Cocaine• CPS• Dialysis• FPA• Hypertension• Hypoxia• Radiation• Respiratory• Respiratory• Plasma

Click the **TAR Summary** link.

Click the **TAR Summary** link.



The screenshot shows a web form titled "Provider Information". The form contains the following fields and values:

Submitting Provider		Medicare Certified	
XXX123456		N	
Provider Name	Phone #	Fax #	
SEAN'S MEDICAL SERVICE	(555) 555-5555		
Street/Mailing Address	City	State	Zip Code
123 MY PLACE DR.	HOMETOWN	CA	90000
Contact Name			
TAR Completed By	Jane Doe		
Update Provider Information			

A callout box with a blue border and a white background points to the "Update Provider Information" button. The text inside the callout box reads: "Click **Update Provider Information** to modify the Provider Information section."

Patient Information

The TAR Summary provides a snapshot of all information entered on your eTAR. Incorrect and/or missing information can be modified at this step, prior to submission. Note: Fields on the TAR Summary page will vary depending on the service entered.

The TAR Summary provides a snapshot of all information entered on your eTAR. Incorrect and/or missing information can be modified at this step, prior to submission.

Note: Fields on the TAR Summary page will vary depending on the service entered.

Click **Update Provider Information** to modify the Provider Information section.

Miscellaneous TAR Information

Residence Status	Medicare Denial Reason	Medicare/OHC Denial Date	Medicare/OHC Denial Certification	OHC Denial Reason
	No qualifying hospital stay		No	Non-covered services

Mother/Transplant Recipient Providing Medi-Cal Eligibility

Last Name: _____ First Name: _____

Date Of Birth: _____ Gender: _____

Patient's Authorized Representative

Name: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Update Patient Information

Service Information

Update This Service **Cancel This Service**

Click **Update Patient Information** to modify the Patient Information section.

Click **Update Patient Information** to modify the Patient Information section.

The screenshot shows a web-based form titled "Service Information". At the top, there are two buttons: "Update This Service" (highlighted with a yellow border) and "Cancel This Service". Below these buttons, the form contains several fields and sections:

- Temporary Service Num**: A field with a blue arrow icon pointing to it.
- Ind.**: A dropdown menu showing "Service Code".
- Hospice**: A dropdown menu showing "Z6900".
- Total Units**: A text input field containing the number "7".
- From Date**: A text input field.
- Thru Date**: A text input field.
- Admit Date/Start of Care**: A text input field containing "06072004".
- Admit From**: A text input field.
- Discharge Date**: A text input field.
- Discharge**: A text input field.
- POS**: A dropdown menu showing "Hospice".
- ICD-9**: A dropdown menu showing "715.06".
- Diagnosis Description**: A text input field.
- Date of Onset**: A text input field.
- Rendering Provider #**: A text input field.
- Update Attachment A**: A button at the bottom of the form.

A callout box with a blue border and a blue arrow points to the "Update This Service" button. The text inside the callout box reads: "Click **Update This Service** to modify the Service Information section."

Click **Update This Service** to modify the Service Information section.

Service Information

Click **Cancel This Service** to cancel this service.

Hospice	Z6900		
Total Units	From Date	Thru Date	
7			
Admit Date/ Start of Care	Admit From	Discharge Date	Discharge
06072004			
POS	ICD-9	Diagnosis Description	Date of Onset
Hospice	715.06		
Rendering Provider #			

Click **Cancel This Service** to cancel this service.

The screenshot displays a web-based form for eTAR submission. At the top, there is a yellow button labeled "Update Attachment A". Below this button, a callout box with a blue border and a blue arrow pointing to the button contains the text: "Click **Update Attachment A** to modify the Patient Assessment Information (Attachment A) section including the Prescribing Physician Information section (if applicable to your TAR service)." The form itself is titled "Patient Assessment" and includes sections for "P.O.T. Adherence", "In-Home Assistance", and "Please list current functional limitation/physical condition codes". It also has a section for "Please list previous functional limitation/physical condition codes" and a section for "Please list current medical status codes relevant to requested service(s)". A table with three columns is visible: "ICD-9 Code", "Diagnosis Description", and "Date Of Onset". The first row of the table shows the code "279" and the date "06052005". Below the table, there are sections for "Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) (include dates if applicable)", "If it is known that the patient has ever received the requested or similar service(s), please explain (include dates)", and "Please summarize the therapeutic goal to be met with the requested service(s)".

Based on the TAR Service you submitted, the Update Attachment A button may not be present.

Click **Update Attachment A** to modify the Patient Assessment Information (Attachment A) section including the Prescribing Physician Information section (if applicable to your TAR service).

Based on the TAR Service you submitted, the Update Attachment A button may not be present.

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) (include dates if applicable)

If it is known that the patient has ever received the requested or similar service(s), please explain (include dates)

Please summarize the therapeutic goal to be met with the requested service(s)

Please list alternatives tried or considered and the reason why they are not feasible for this patient

Service Code	Describe Alternative Tried/Considered	Reason

Please explain why the least costly method of treatment is not being used.

Prescribing Physician Information

Physi
Physi
Physi

Click **Submit TAR** to submit your eTAR to the appropriate Medi-Cal field office for adjudication.

Provider Patient Services Cancel TAR **Submit TAR**

Verify all information is correct before you submit your eTAR.

Verify all information is correct before you submit your eTAR.

Click **Submit TAR** to submit your eTAR to the appropriate Medi-Cal field office for adjudication.

Remember

- The TAR Summary provides a snapshot of all information entered on your eTAR.
- Incorrect and/or missing information can be modified on the TAR Summary page, prior to submission.
- Be sure to verify all information listed on the TAR Summary before you submit your eTAR.

Remember

- The TAR Summary provides a snapshot of all information entered on your eTAR.
- Incorrect and/or missing information can be modified on the TAR Summary page, prior to submission.
- Be sure to verify all information listed on the TAR Summary before you submit your eTAR.



Step 4 - ***Completed***

Continue